



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 Chestnut Building
Philadelphia, Pennsylvania 19107-4431

ORIGINAL

NOTIFICATION OF PLAN RECEIPT

CERTIFIED MAIL: RETURN RECEIPT REQUESTED

FRP ID: FRP03A0078
REGION ID: PAFRP079

APR 22 1993

TUCKERTON PA TERMINAL
FORST JR, ROBERT, TERMINAL SUPT
4030 POTTSVILLE PIKE
READING PA 19605

EPA has received your plan/submittal and has assigned the control number shown at the top of this letter. The control number should be referenced in all future correspondence to the EPA.

In order to facilitate the review process, we request that you complete all applicable items on the attached form and return it to the following address by May 15, 1993.

U.S. EPA Region III
Facility Response Plan Coordinator (3HW34)
Oil and Title III Section
841 Chestnut Street
Philadelphia, PA 19107

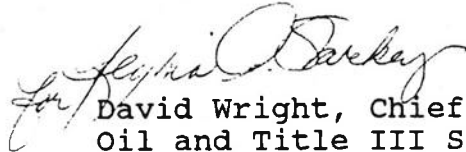
We will review all submitted information to determine if your facility could cause significant and substantial harm to the environment by the discharge of oil. If your facility is determined to have the potential to cause significant and substantial harm, we will notify you and request certification *by July 18, 1993, that you have ensured by contract or other approved means* the availability of private personnel and equipment necessary to respond to the maximum extent practicable, to worst case discharge or the threat of such discharge from your facility. Upon submission of acceptable certification, EPA will grant two years to operate until (February 18, 1995) without an approved response plan. Prior to the expiration of the two-year extension, EPA will complete its review and notify you of the results.

CLOSED SOLD
5/27/94

Please be advised that: (1) submittal of an SPCC Plan in lieu of a response plan does not satisfy the requirements to submit a response plan under Section 4202(a) of OPA 1990, (2) a company with multiple contiguous facilities may submit one plan but must provide site-specific response information for each of the facilities, (3) a company with multiple non-contiguous facilities must submit separate plans for each facility location, (4) if applicable, you must submit a separate plan to EPA even if you were required to submit a response plan to other federal agencies, including the U.S. Coast Guard, (5) you need to submit only a copy of any document to the EPA, and (6) EPA's proposed rule on requirements for preparation of a response plan pursuant to OPA Section 4202(1)(5) of the Oil Pollution Act was published in Federal Register, Vol 58, No. 30, February 17, 1993, Pages 8824-8879.

Any questions, please contact Linda Ziegler of my staff at (215) 597-1395.

Sincerely,


David Wright, Chief
Oil and Title III Section
U.S. EPA Region III

Enclosures: Proposed Rules
Information Form

*Definition

Contracts or other approved means include:

- (1) A written contractual agreement with a response contractor that identifies and ensures the availability of the necessary personnel or equipment within appropriate response times;
- (2) A written certification by the owner or operator that the necessary personnel and equipment resources, owned or operated by the facility owner or operator, are available to respond to a discharge within appropriate response times;
- (3) Active membership in a local or regional oil spill removal organization that has identified and ensures adequate access through such membership to necessary personnel and equipment to respond to a discharge within appropriate response times in the specified geographic area; or
- (4) Other specific arrangements approved by the Regional Administrator upon request of the owner or operator.

FACILITY RESPONSE PLAN INFORMATION FORM

CONTROL NO. : FRP ID: FRP 03A 0078
REGION ID: PA FRP 079

Please complete the following:

- 1) specify what section and page this information can be found; and
- 2) if any of this information is not contained within the original plan, please attach it to this form.
- 3) only complete the sections that are checked off in the incomplete column.

DESCRIPTION		PAGE NUMBER		
		ORIGINAL PLAN	ATTACHED	INCOMPLETE
1.	Cover sheet			
2.	Facility owner/operator			
3.	Facility name			
4.	Facility location			
	Latitude			✓
	Longitude			✓
5.	Facility address			
6.	Mailing address (if different)			
7.	Address for correspondence regarding The Plan			
8.	Facility Dunn and Bradstreet number			✓
9.	Facility SIC Code			
10.	Person to contact for questions regarding the FRP			
	Title			
	Phone number			
11.	Lead agency for response			
12.	Oil storage capacity if transferring oil over water to/from vessels (gallons)			
13.	Number of aboveground storage tanks (ASTs) (oil only)			✓
14.	Total oil storage capacity in ASTs (gallons)			✓
15.	Number of underground storage tanks (USTs) (oil only)			✓
16.	Total oil storage capacity in USTs (gallons)			✓
17.	Largest tank capacity (gallons)			
18.	Holding capacity for each secondary containment area (gallons)			

OK
OK

OK

OK

OK

OK

OK

FACILITY RESPONSE PLAN INFORMATION FORM

CONTROL NO. : _____

Please complete the following:

- 1) specify what section and page this information can be found; and
- 2) if any of this information is not contained within the original plan, please attach it to this form.
- 3) only complete the sections that are checked off in the incomplete column.

DESCRIPTION		PAGE NUMBER		
		ORIGINAL PLAN	ATTACHED	INCOMPLETE
19.	Actual distance of facility from Environmentally Sensitive Areas (in miles)			
	Distance calculations			
20.	Actual distance of facility to Drinking Water Intake (in miles)			
	Distance calculations			
21.	Volume and number of oil spills reported in last five (5) years (gallons)			
22.	Worst case discharge amount in gallons (oil only)			
	Calculations			
23.	Age of each storage tank (oil only)			
24.	Date last Tightness Test was conducted for each tank			
25.	Facility distance to navigable waters (in miles)			
26.	Facility distance from industrial cooling water intakes (in miles)			

Additional comments:

TOTAL NO. OF TANKS = ? OK

Signature

Date

Name (please print/type)

Title

P 256 696 503



**Receipt for
Certified Mail**

No Insurance Coverage Provided

FRP ID: FRP03A0078

REGION ID: PAFRP079

EXXON COMPANY USA, USA
TUCKERTON PA TERMINAL
ATTN: FORST JR, ROBERT, TERMINAL SUPT
4030 POTTSVILLE PIKE
READING PA 19605

PS Form 3800, June 1991

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

UNITED STATES POSTAL SERVICE

Official Business

OIL AND TITLE III
ON III

1993

RECEIVED



PENALTY FOR PRIVATE
USE, \$300

Print your name, address and ZIP Code here

Environmental Protection Agency, Region III
Removal Enforcement Section
811 Chestnut Building,
Philadelphia, PA 19107

34434

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE.
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

U.S. GPO: 1991-302316

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

FRP ID: FRP03A0078
REGION ID: PAFRP079

EXXON COMPANY USA, USA
TUCKERTON PA TERMINAL
ATTN: FORST JR, ROBERT, TERMINAL SUPT
4030 POTTSVILLE PIKE
READING PA 19605

CLOSED SOLD

5. Signature (Addressee)

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)